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ATTORNEY DOCKET NO.: P-9153.05  
 PostMail EL 799 066 335 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
 UTILITY PATENT APPLICATION TRANSMITTAL

PATENT  
 Total Pages \_\_\_\_\_

INVENTOR OR APPLICATION IDENTIFIER: **David L. Thompson**  
 TITLE: **CUSTOM MANUFACTURING OF IMPLANTABLE MEDICAL DEVICES**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Assistant Commissioner of Patents, Washington, D.C. 20231, \*EXPRESS No. EL 799 066 335 US, on this 10TH day of JULY, 2001.

Sue McCoy

Printed Name

Signature

Assistant Commissioner for Patents  
**BOX PATENT APPLICATION**  
 Commissioner of Patents and Trademarks  
 Washington, D.C. 20231

10/01/01  
 09/902016  
 Jc986 U.S. PTO

Sir:

We are transmitting herewith the attached:

X **Patent Application Transmittal**

X **Specification:**

Total pages: 24 (including claims and abstract: Spec. 18 sheets; Claims 5 sheets; Abstract - 1

X **Drawings:**

Total sheets: 7

☐ formal ☒ informal

**Combined Declaration and Power of Attorney:**

- ☒ newly executed  
☐ copy from prior application  
☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))  
☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

**Accompanying application parts:**

- ☐ Notification of filing a  
☒ Assignment of the Invention to Medtronic, Inc.  
☒ Assignment cover sheet  
☐ Information Disclosure Statement  
☐ PTO Form 1449  
☐ Copies of IDS citations  
☐ Preliminary Amendment  
☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.  
X ☐ Return Postcard

**IF A CONTINUING APPLICATION:**

- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)  
 of prior application No. \_\_\_\_\_ / \_\_\_\_\_.
- ☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation ☐ division ☐ continuation in part of application number \_\_\_\_\_, filed \_\_\_\_\_.
- ☐ Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
- ☐ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: \_\_\_\_\_.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

☒ Address all future correspondence to: Beth L. McMahon, Reg. No. 41,987  
Medtronic, Inc., MS 301  
7000 Central Avenue NE  
Minneapolis, Minnesota 55432  
phone: (763)514-3066

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	32	20	= 12	x 18	216
Independent Claims	2	3	= 0	x 80	. 0
Multiple Dependent Claims				+ 270	0
Basic Filing Fee					710
TOTAL					926

Charge Deposit Account No. 13-2546 the sum of \$926.00 (Filing Fee) and \$40.00 for Assignment recordation fee for a total of **\$966.00.**

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546.. A duplicate of this transmittal is enclosed.

Date

7/10/01

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